



2011-2012 DCPS AFTERSCHOOL PROGRAM ENROLLMENT PACKET CHECKLIST

For Elementary School Students

What do I need to bring with me in order to enroll my child in the DCPS Afterschool Program?

1. The DCPS Afterschool Program Enrollment Application (2 pages)
2. (FERPA) Family Educational Rights and Privacy Act Letter
3. Documentation of Relationship to the Student

One of the following methods may be used to demonstrate that you are your child's parent or guardian:

- Documentation of TANF status which includes children's names
- Birth certificate (large format – must include show parents' names)
- Adoption papers/Court papers
- A referral from a DC Government Agency

4. Income Documentation

One of the following methods may be used to demonstrate your income eligibility:

A. If agreeing to provide the *full* co-payment, please complete Part A and B and provide the income documentation listed below:

B. If applying for a *reduction* from the copayments, please complete Part A and B and provide income documentation listed below:

- Copies of the last 3 pay stubs for the applicant and other parent in the household
- A letter from your employer (**NOTE:** This is acceptable only if you have a new job, or are employed as a domestic employee and do not receive pay statements. The letter must specify hours of work, salary and the address at which work is performed)
- If you are self-employed only, you must supply the same documents maintained for income and tax purposes, also a copy of your most recent D-40 tax return and all schedules must be submitted

C. If applying for an *exemption* from the co-payments, please complete Part A, B, and C and provide the income documentation listed below:



- Documentation of TANF-eligibility – Please bring *either*:
 - i. A letter with the child's name listed from the TANF worker
 - ii. An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed)

The afterschool coordinator shall confirm that all documentation validating income is in the parent/guardian's name, viewed an **original** document, and that it is dated no more than 30 days prior to the date of the enrollment application.

5. Verification of Residency

One of the following methods may be used to verify your residency:

- A letter from the principal of the school on letterhead and signed by that official, listing the children's' names and confirming that appropriate documentation of District residency has been received for each child, following the DC Public School's requirement
- A current official rent receipt (on company letterhead)
- A current mortgage statement in parent/guardian's name
- A new, recently signed lease or, mortgage or housing document that show's applicants name and address no older than (30) days of signing the enrollment application
- A current utility or residential telephone bill (cellular phone bills are not acceptable and E-bills must be accompanied by (2) pieces of mail in the applicants name
- A notarized letter from the person with whom the applicant lives and (2) pieces of current mail in the applicants name no older than (30) days, the letter must include applicants name as well as the names of the applicants children that reside in the home
- Documentation of active TANF, Medicaid or Food Stamp status
- A referral from a District Government agency such as Foster Care or Child Protective Services

The afterschool coordinator shall confirm that all documentation validating residence is in the parent/guardian's name, viewed an **original** document, and that it is dated no more than 30 days prior to the date of the enrollment application.



School: _____

Coordinator: _____

Student Information

Full Legal Name: _____

Date of Birth: _____ Student ID #: _____ TANF Case #: _____

Address: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Student Cell #: _____

Homeroom Teacher: _____ Grade: _____

Home Language: _____

Pick-Up Information Please check all options that apply:

| | | | |
|---|--|--------------|-----------------|
| ✓ | My child may be picked up by any of the following people: | | |
| | Name | Relationship | Phone Number(s) |
| | Name | Relationship | Phone Number(s) |
| | Name | Relationship | Phone Number(s) |
| | My child may walk home alone at _____ (time) unless otherwise specified. | | |

Contact Information

| | | |
|----------------------|------------|------------|
| Parent/Guardian Name | Cell Phone | Work Phone |
|----------------------|------------|------------|

| | | |
|------------------------|------------|------------|
| | Home Phone | Email |
| Emergency Contact Name | Cell Phone | Work Phone |
| | Home Phone | Email |

For Afterschool Coordinator Only: _____ Income Verification _____ Relationship Verification _____ Co-Payment Type (Free/Reduced/Standard)

Names of All Children in the Family Who Participate in the DCPS Afterschool Program

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Names of Other Children in the Immediate Family Who Are Not in the DCPS Afterschool Program

| | |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |

Parent/Guardian Information DCPS must collect this information for federal reporting purposes.

| Statements | |
|---|--|
| My child lives with one parent/guardian: _____ (name) _____ (relationship) | |
| My child lives with two parents/guardians: _____ (name) _____ (name) | |

Release Information I agree to the terms written in the following statements:

| Initials | Statements |
|----------|---|
| | I hereby give permission for my child to participate in afterschool activities sponsored by DCPS. |
| | I agree to pay the required co-payment for afterschool programming if I do not qualify for free programming. |
| | I allow DCPS to use photos of my child and copies of my child's work for program advertisement, without use of my child's name. |
| | I allow participating community based organizations and neighborhood based organizations to access my child's education records in order to help provide the most effective and comprehensive academic support. |

Please check off **only one** of the following:

- _____ I will apply for a reduction or exemption from making payments for afterschool programming. I will provide the required documentation to the afterschool coordinator at my school when I submit this packet. **Please complete Part B and Part C of the Student Enrollment Form**
- _____ I will pay the full daily co-payment fee for my child to attend afterschool programming. **Please complete Part B of the Student Enrollment Form.**

Parent/Guardian Name: _____ Date: _____

Office of Out-of-School Time

1200 First Street, NE 8th Floor
Washington, DC 20002
202-442-5002
Afterschool.dcps@dc.gov

FERPA LETTER – Must be signed in order for your child to be enrolled in the DCPS Afterschool Program for the 2011-2012 school year.

Dear Parents/Guardians,

In an effort to serve your child better in the afterschool program at his/her school, and to ensure that the program meets your child's academic needs, DCPS works with organizations that specialize in providing afterschool programs (Afterschool Providers). In order to more effectively tailor the afterschool program to your child's needs, further cultivate his/her strengths, and identify and develop areas where he/she is in need of improvement, DCPS would like to share certain student records related to your child with his/her school's Afterschool Provider(s). Under the Family Educational Rights and Privacy Act (FERPA), DCPS must first obtain your consent before sharing education records with the Afterschool Provider(s) at your child's school.

Please indicate below whether you consent to give the Afterschool Provider(s) at your child's school access to your child's demographic data, test scores, quarterly grades and, if applicable, Individualized Education Program materials. If you choose to consent to DCPS's sharing of this information about your child with the Afterschool Provider(s), you may request that DCPS provide you with a copy of the records disclosed. All staff members of the Afterschool Provider(s) with a right to access your child's education records have signed confidentiality agreements regarding the privacy of your child's education records.

_____ I **consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school for purposes of academic enrichment.

_____ I **do not consent** to DCPS's sharing of my child's demographic data, test results, quarterly grades and, if applicable, Individualized Education Program with the Afterschool Provider(s) at my child's school.

Signature of Parent/Guardian

Date

Printed Parent/Guardian's Name

Printed Child's Name

Your Child's School



CO-PAYMENT OVERVIEW: PAYMENT REQUIREMENTS

In order for your child to participate in the DCPS Afterschool Program, you need to make monthly payments prior to the start of each month. You will be charged \$_____ for each day that your child attends DCPS afterschool programming, regardless of the number of hours attended, unless you prove with the appropriate documentation (see below) that your child is eligible for free or reduced-price programming. We accept money orders, certified checks and cashier's checks.

I have enrolled my child(ren) in the DCPS Afterschool Program and will pay the calculated co-pay per day for the year's schedule per child for up to 2 children.

Parent/Guardian's Name: _____

Payment Type: _____

Child 1: _____

Daily Fee: _____

Child 2: _____

Daily Fee: _____

Additional Children (write names below): _____

Total Daily Fee: _____

Please read the following statements and sign below:

| STATEMENTS |
|---|
| I will make payments in a manner that follows the processes outlined above. |
| For each child, I will pay \$_____ by September 1st to cover 21 days of programming in September. |
| For each child, I will pay \$_____ by September 30th to cover 17 days of programming in October. |
| For each child, I will pay \$_____ by October 31st to cover 19 days of programming in November. |
| For each child, I will pay \$_____ by November 30th to cover 14 days of programming in December. |
| For each child, I will pay \$_____ by December 21st to cover 19 days of programming in January. |
| For each child, I will pay \$_____ by January 31st to cover 18 days of programming in February. |
| For each child, I will pay \$_____ by February 29th to cover 20 days of programming in March. |
| For each child, I will pay \$_____ by March 31st to cover 14 days of programming in April. |
| For each child, I will pay \$_____ by April 30th to cover 21 days of programming in May. |
| For each child, I will pay \$_____ by May 31st to cover 9 days of programming in June. |

I understand if I become delinquent in my payments for afterschool program services, my child/ren will be subject to the policies outlined in the DCPS Afterschool Program suspension policy for youth.

X _____
Parent/Guardian Signature

Date

X _____
Afterschool Coordinator/Staff Signature

Date



CO-PAYMENT TYPE (for coordinator completion only)

The afterschool coordinator must fill in this page in order for a student's enrollment packet to be complete. However, this does not need to be filled in while the parent/guardian is present.

Parent/Guardian's Name: _____

Payment Type: _____

Child 1: _____

Daily Fee: _____

Child 2: _____

Daily Fee: _____

Additional Children (write below): _____

Total Daily Fee: _____

Payment Type (Circle One):

_____ Income-based

_____ No Cost

_____ IF No Cost, write reason here: _____

Proof of Relationship: Please check off at least ONE of the following statements:

| | STATEMENT: The parent/guardian has provided... |
|--------------------------|--|
| <input type="checkbox"/> | A letter with the child's name listed from the TANF worker |
| <input type="checkbox"/> | An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed) |
| <input type="checkbox"/> | Birth certificate (large format – must include parents' names) |
| <input type="checkbox"/> | Adoption papers/Court papers |
| <input type="checkbox"/> | A referral from a DC Government Agency |

Proof of Income: Please check off at least ONE of the following statements:

| | STATEMENT: The parent/guardian has provided... |
|--------------------------|---|
| <input type="checkbox"/> | A letter with the child's name listed from the TANF worker |
| <input type="checkbox"/> | An Automated Client Eligibility Determination System (ACEDS) printout (active case with the child's name listed) |
| <input type="checkbox"/> | A letter from his/her employer, including his/her hours of work and his/her salary, AND he/she either has a new job or is employed as a domestic employee and does not receive pay statements |
| <input type="checkbox"/> | Copies of the last 3 pay stubs for every adult in the household |
| <input type="checkbox"/> | <u>If you are self-employed only</u> , you must supply the same documents maintained for income and tax purposes, also a copy of your most recent D-40 tax return and all schedules must be submitted |



Proof of Residency: Please check off at least ONE of the following statements:

| | STATEMENT: The parent/guardian has provided... |
|--|---|
| | A current official rent receipt (on company letterhead) |
| | A current mortgage statement in parent/guardian's name |
| | A new, recently signed lease or, mortgage or housing document that show's applicants name and address no older than (30) days of signing the enrollment application |
| | A current utility or residential telephone bill (cellular phone bills are not acceptable and E-bills must be accompanied by (2) pieces of mail in the applicants name) |
| | Documentation of active TANF, Medicaid or Food Stamp status |
| | A notarized letter from the person with whom the applicant lives and (2) pieces of current mail in the applicants name no older than (30) days, the letter must include applicants name as well as the names of the applicants children that reside in the home |

Proof of Legal Status: Please check off at least ONE of the following statements:

| | STATEMENT: The parent/guardian has provided... |
|--|---|
| | Birth certificate showing that the child was born in the United States or to parents holding U.S. citizenship |
| | The Lawful Permanent Residency Document (formerly known as the "green card") |
| | Immigration and Naturalization Service (INS) documentation or other official identification verifying citizenship or legal status |
| | A visa such as the H-2 visa allowing presence in this country for the time period during which child care is to be provided |
| | Refugees: Form I-94 to show entry as a refugee |
| | A formal referral from one of the following sources: Temporary Assistance for Needy Families (TANF) or Food Stamp Employment/Training Program |



PARENT(S) AND/OR GUARDIAN INFORMATION

- CHILD INFORMATION (LIST ALL CHILD(REN) IN THE FAMILY**

Language: 1= English, 2= Mandarin Chinese, 3=Cantonese Chinese, 4=Vietnamese, 5= Amharic, 6= French, 7= Spanish, 8=Other_____

[illegible]